

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # J29195 1. Entity Name HILL & HILL OF MARCO, INC.			
Principal Place of Business P.O. BOX 887 923 N. COLLIER BLVD. MARCO ISLAND, FL 33969		Mailing Address P.O. BOX 887 923 N. COLLIER BLVD. MARCO ISLAND, FL 33969	
DO NOT WRITE IN THIS SPACE			
			
		02242004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2713410	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUCKER, E. GLENN 923 N. COLLIER BLVD. #204 MARCO ISLAND, FL 33937		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U00000106271</div> <div>04/08/04-80008-025 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HILL, SCOTT 1202 BALD EAGLE DR. MARCO ISLAND, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HILL, PATRICIA 1202 BALD EAGLE DR. MARCO ISLAND, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Patricia Hill</u> <u>Patricia Hill</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	